

Best Practices for Case Finding & Case Management

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Identifying clients

- Rapid testing on labor and delivery at all birthing hospitals in Illinois
- Statewide 24/7 perinatal hotline for HIV+ pregnant women unlinked to care
- Linkage agreements with specialty HIV/OB care programs
- Coordination with case management cooperative in Northeastern Illinois
- Direct referrals from providers/agencies
- Enhanced perinatal surveillance

Rapid testing in birthing hospitals

- Pregnant women with undocumented HIV status must be counseled and offered rapid HIV test at L&D
- Preliminary positive results must be communicated within 24 hours
- Patients are asked to sign a release information for follow up
- Hospitals must report monthly aggregate data

24/7 Perinatal HIV Hotline

- Clinical consultation for providers treating pregnant HIV-positive women
- Social work and case management support available for immediate or long term assistance
- Reporting mechanism for birthing hospitals to report preliminary positives

Direct referrals

- Northeastern Illinois Case Management Cooperative
- Specialty HIV/OB programs
- Social service programs (chemical dependency treatment, child welfare, shelters, housing agencies, health dept)
- Previous clients

Enhanced Perinatal Surveillance

- Linkage with EPS to ensure all clients are reported
- Case management can assist with locating providers to complete forms
- Case management questions added to local data collection in Illinois

Enhanced Case Management

- Intensive model targeted to hard-to-reach, hard-to-link women
- Field-based model including home visits
- Targeted around the pregnancy and postpartum period
- Small caseloads
- Connected to the Hotline and rapid testing follow up

Who are the clients?

- 85 Referrals 2006
- Average age = 26.4
- Average age at 1st pregnancy= 19.1
- African American = 87%
- Hispanic = 11%
- Caucasian/other = 2%
- 50 are on public aid; 8 have SSI
- 56% have a high school degree or GED
- 10% homeless
- 90% housed, 46% in temporary housing
- 58 women have other children but only 9 have custody of those children
- 54% of fathers are involved
- Most women are healthy with an HIV diagnosis, only 6 have AIDS

Client description

- 58% had no prenatal care at referral
- 90% did not use birth control prior to this pregnancy
- 21% are refugees or non citizens
- 52% were diagnosed with HIV during this pregnancy
- 34% were diagnosed with HIV before age 21
- 2 women were diagnosed at birth (perinatal transmission)
- 93% report sex with an infected male as mode of HIV transmission
- 20% of clients were identified through the hotline


Methods

- Escort to appointments
- Family counseling/education
- Assistance with benefits, referrals
- Emergency assistance (housing, utilities)
- Transportation (rides, public transit, taxi)
- Social and emotional support
- Coordination with other case managers (child welfare, mental health, housing)
- Observation of AZT administration in home

Who are the case managers?

- Experienced case managers
- Specialty experience in at least one field (adolescents, housing, substance abuse, domestic violence)
- Younger, approachable women who are also mothers (grandmothers)
- Specialty training in perinatal HIV treatment and issues

Keys to retention in care

- Non-judgemental attitude, positive reinforcement, sincerity
 - Appearance (no id's, dressed down)
 - Experience in the field
 - Availability (some deliveries attended)
 - Patience
 - Harm reduction model
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Outcomes

- One case of transmission from 2001-2006 (City of Chicago recorded 19 other cases of transmission in the same period)
- All clients connected with prenatal care, ID care and pediatric ID for exposed newborns
- CDC evaluation of Perinatal enhanced case management

Future plans

- Standardization of perinatal case management protocol for the state
- Perinatal case management training (Titles 1, 2 and 3) and certification
- Publicize results of the case management evaluation
- Expansion across the state to other metro areas

Contact us

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